

**2001 Massachusetts Behavioral Risk Factor Surveillance System
Final version**

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HELLO, I'm _____ (name) _____ calling for the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Massachusetts residents to guide state health policies. Your phone number has been chosen randomly, and we'd like to ask some questions about day-to-day living habits that may affect health.

Is this _____ (phone number) _____ ? **If "no"** Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time.
Stop

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

_____ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Enter 1 man or 1 women below (Ask gender if necessary). Go to page 2**

If "no" Is the adult a man or a woman? **Enter 1 man or 1 women below.** May I speak with **[fill in (him/her) from previous question]?** **Go to "correct respondent" at bottom of page**

How many of these adults are men and how many are women?

_____ Number of men

_____ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 2

HELLO, I'm (name) calling for the Massachusetts Department of Public Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Massachusetts residents to guide state health policies. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you, and any information you give will be confidential. You don't have to answer any question you don't want to, and you can end the interview at any time. This information will help the Department of Public Health make improvements in overall health and health care access. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1. Would you say that in general your health is: (72)

	Please Read	
	1	a. Excellent
	2	Very good
	3	Good
	4	Fair
		or
	5	Poor
Do not read	7	Don't know/Not sure
these responses	9	Refused

1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(73-74)

___	___	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

___	___	Number of days
8	8	None If Q1.2 also "None," go to Q2.1
7	7	Don't know/Not sure
9	9	Refused

6

1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(77-78)

—	—	Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

Section 2: Health Care Access

- 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (79)

- | | |
|---|--|
| 1 | Yes |
| 2 | No Go to MA2.3 |
| 7 | Don't know/Not sure Go to MA2.3 |
| 9 | Refused Go to MA2.3 |

State-added Health Care Access

[Splits 1,2,3]

- MA2.1. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare?

- | | |
|---|-----------------------|
| 1 | Yes Go to Q2.2 |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

- MA2.2 What type of health care coverage do you use to pay for most of your medical care?

(please read)

Is it coverage through: Coverage Code — —

- | | |
|-----------|---|
| 01 | Your employer |
| 02 | Someone else's employer |
| 03 | A plan that you or someone else buys on your own |
| 04 | Medicare |
| 05 | Medicaid or Masshealth |
| 06 | The military, CHAMPUS, TriCare or the VA
[or CHAMP-VA] |
| 07 | The Indian Health Service
[or the Alaska Native Health Service] |
| or | |
| 08 | Some other source |

(don't read these responses)

- | | |
|----|---------------------|
| 88 | None |
| 77 | Don't know/Not Sure |

8

99 Refused

2.2. During the past 12 months, was there any time that you did not have any health insurance or coverage? (80)

- | | | |
|---|---------------------|-------------------|
| 1 | Yes | Go to Q2.3 |
| 2 | No | Go to Q2.3 |
| 7 | Don't know/Not sure | Go to Q2.3 |
| 9 | Refused | Go to Q2.3 |

State-added Health Care Access

[Splits 1,2,3]

MA2.3. There are some types of coverage that you may not have considered. Please tell me if you have any of the following

(please read)

Coverage through: Coverage Code — —

- | | |
|-----------|---|
| 01 | Your employer |
| 02 | Someone else's employer |
| 03 | A plan that you or someone else buys on your own |
| 04 | Medicare |
| 05 | Medicaid or Masshealth |
| 06 | The military, CHAMPUS, TriCare or the VA
[or CHAMP-VA] |
| 07 | The Indian Health Service
[or the Alaska Native Health Service] |
| or | |
| 08 | Some other source |

(don't read these responses)

- | | | |
|----|---------------------|--------------------|
| 88 | None | GO TO MA2.5 |
| 77 | Don't know/Not Sure | Go to Q2.3 |
| 99 | Refused | Go to Q2.3 |

MA2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- | | | |
|---|---------------------|-------------------|
| 1 | Yes | Go to Q2.3 |
| 2 | No | Go to Q2.3 |
| 7 | Don't know/Not sure | Go to Q2.3 |
| 9 | Refused | Go to Q2.3 |

MA2.5. About how long has it been since you had health care coverage?

- 1 Within the past 6 months
- 2 Within the past year (6 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 Within the past 5 years (2 to 5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

2.3. Do you have one person you think of as your personal doctor or health care provider?

(81)

- | | | |
|-------------------------------|---|---------------------|
| If "no," ask | 1 | Yes, only one |
| "Is there <u>more</u> | 2 | More than one |
| <u>than one</u> or is | 3 | No |
| there <u>no</u> person | 7 | Don't know/Not sure |
| who you think of?" | 9 | Refused |

Section 3: Exercise

3.1. During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 4: Hypertension Awareness

4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (83)

- 1 Yes
- 2 No **Go to Q5.1**
- 7 Don't know/Not sure **Go to Q5.1**
- 9 Refused **Go to Q5.1**

4.2. Are you currently taking medicine for your high blood pressure? (84)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 5: Cholesterol Awareness

5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (85)

- 1 Yes
- 2 No **Go to Q6.1**
- 7 Don't know/Not sure **Go to Q6.1**
- 9 Refused **Go to Q6.1**

5.2. About how long has it been since you last had your blood cholesterol checked? (86)

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

5.3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (87)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 6: Asthma

6.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1 Yes
- 2 No **Go to Q7.1**
- 7 Don' t know/Not sure **Go to Q7.1**
- 9 Refused **Go to Q7.1**

6.2. Do you still have asthma? (89)

- 1 Yes
- 2 No
- 7 Don' t know/Not sure
- 9 Refused

Section 6a: Work-related Asthma

[Splits 1,2,3]

If Q6.1 = 1 then continue; else if Q6.1 = (2,7,9) then GO TO Section 7: Diabetes

MA6.1 How old were you when you were first told by a doctor, nurse or other health professional that you had asthma?

__ __	Age in years (age 11-96)
1 0	Age 10 or younger
9 7	Age 97 or older
9 8	don't know/not sure
9 9	refused

MA6.2 Were you ever told by a doctor or other medical person that your asthma was related to any job you ever had?

If "no", ask: "Have you ever held a job outside the home?"	1	Yes
	2	No
	3	Never worked outside the home Go to Section 7: Diabetes
	7	Don't know/Not sure
	9	Refused

MA6.3 Did **you** ever tell a doctor or other medical person that your asthma was related to any job you ever had?

1	Yes
2	No
7	Don't know/Not sure
9	Refused

**preMA6.4: IF MA6.1 IS BETWEEN 16-97, GO TO MA6.4; ELSE GO TO Section 7:
Diabetes**

MA6.4 When you first developed symptoms of asthma, what kind of work were you doing? (For example, RN, supervisor of order department, auto mechanic, accountant)

_____	(specify occupation)
3	Didn't have a job when asthma started GO TO Section 7: Diabetes
7	Don't know

9 Refused

MA6.5 What kind of business or industry was that job in? (For example, hospital, newspaper publishing, mail order house, auto repair shop, bank)

_____ (specify business or industry)

7 Don't know

9 Refused

Section 7: Diabetes

7.1. Have you ever been told by a doctor that you have diabetes? (90)

If "yes" and female, ask: "Was this only when you were pregnant?"	1	Yes	
	2	Yes, but female told only during pregnancy	GO TO Section 8: Arthritis
	3	No	GO TO Section 8: Arthritis
	7	Don't know/Not sure	GO TO Section 8: Arthritis
	9	Refused	GO TO Section 8: Arthritis

Section 7a: Diabetes Module

mod1.1. How old were you when you were told you have diabetes? (180-181)

__ __	Code age in years [97 = 97 and older]
9 8	Don't know/Not sure
9 9	Refused

mod1.2. Are you now taking insulin? (182)

1	Yes
2	No
7	Don't Know/Not sure
9	Refused

mod1.3. Are you now taking diabetes pills? (183)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

mod1.4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- 4 ___ ___ Times per year
- 8 8 8 Never
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

mod1.5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- 4 ___ ___ Times per year
- 8 8 8 Never
- 5 5 5 No feet
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

mod1.6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (190)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

mod1.7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (191-192)

- ___ ___ Number of times
- 8 8 None
- 7 7 Don't know/Not sure

20

9 9 Refused

mod1.8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (193-194)

— —	Number of times [76 = 76 or more]
8 8	None
9 8	Never heard of hemoglobin "A one C" test
7 7	Don't know/Not sure
9 9	Refused

IF MOD1.5 = 555, THEN GO TO MOD1.10; ELSE GO TO MOD 1.9

mod1.9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (195-196)

— —	Number of times
8 8	None
7 7	Don't know/Not sure
9 9	Refused

MA7.1. When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot.

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past year (1 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. 2 or more years ago | 4 |
| e. Never | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

mod1.10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (197)

Read Only if Necessary

- 1 Within the past month (0 to 1 month ago)
- 2 Within the past year (1 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know/Not sure
- 9 Refused

mod1.11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (198)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

mod1.12. Have you ever taken a course or class in how to manage your diabetes yourself? (199)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA7.2 Besides a course or class, have you received education from any of the following on how to care for your diabetes--

		<u>Yes</u>		<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. a nurse or nurse practitioner?	1		2		7	9
b. a nutritionist or dietitian		1		2	7	9
c. a doctor?		1		2	7	9

or

23

d. someone else {specify:_____} 1

2

7

9

Section 8: Arthritis

8.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?

- 1 Yes
- 2 No **Go to Q8.5**
- 7 Don't know/Not sure **Go to Q8.5**
- 9 Refused **Go to Q8.5**

8.2. Were these symptoms present on most days for at least one month? (92)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.3. Are you now limited in any way in any activities because of joint symptoms? (93)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.4. Have you ever seen a doctor, nurse, or other health professional for these joint symptoms? (94)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

8.5. Have you ever been told by a doctor that you have arthritis? (95)

- 1 Yes
- 2 No **Go to Q9.1**
- 7 Don't know/Not sure **Go to Q9.1**
- 9 Refused **Go to Q9.1**

8.6. Are you currently being treated by a doctor for arthritis?

(96)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 8a: State-added Arthritis

[Splits 2, 3]

If Split = 1 GO TO Section 9: Immunization**Else if Split = (2,3) AND Q8.5 = (2,7,9) then GO TO Section 9: Immunization****Else if Split = (2,3) AND Q8.5 = 1 then continue**

MA8.1. When you receive health care for your arthritis, what kind of health care professional provides most of your treatment?

(please read)

- 1 A rheumatologist or doctor who specializes in treating people with arthritis.
- 2 Your primary care or internal medicine doctor
- 3 A nurse practitioner or physician's assistant
- 4 Other (specify) _____

(don't read these responses)

- 7 Don't know/Not sure
- 8 Do not receive arthritis treatment
- 9 Refused

MA8.2. Has a doctor or other health care professional ever suggested that you exercise to help manage your arthritis symptoms?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA8.3. Has a doctor or other health care professional ever referred you to physical therapy to help manage your arthritis symptoms?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA8.4. Other than exercising or taking medication, has a doctor or other health care professional ever advised you about other ways to manage your arthritis symptoms? For example, using splints for your hands, relaxation techniques like meditation, or using heat or cold on painful joints.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA8.5. The Arthritis Foundation is an organization that offers information and programs that help people manage arthritis. Before hearing this, did you know that the Arthritis Foundation offers information and programs to help people manage their arthritis?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 9: Immunization

9.1. During the past 12 months, have you had a flu shot? (97)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

State-added Flu Immunization

[Splits 2,3]

If Split = 1, then GO TO Q9.2

Else if Split = (2,3) AND Q9.1 = (7,9) then GO TO Q9.2

Else if Split = (2,3) AND Q9.1 = 1 then GO TO MA9.1

Else if [Split = (2,3) AND Q9.1 = 2 AND interview occurred between January and August] GO TO MA9.2

Else if [Split = (2,3) AND Q9.1 = 2 AND interview occurred between September and December] GO TO MA9.1

MA9.1. Did you get a flu shot between September and December of last year, that is in 2000?

- | | |
|---|--|
| 1 | Yes go to MA9.5 |
| 2 | No go to MA9.2 |
| 7 | Don't know/Not sure if Q9.1=2 go to MA9.4; else if Q9.1=1 go to MA9.3 |
| 9 | Refused if Q9.1=2 go to MA9.4; else if Q9.1=1 go to MA9.3 |

MA9.2. Did you try to get a flu shot between September and December of last year, that is in 2000, but could not because flu shots were not available?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

pre-MA9.3

If Q9.1=1 AND MA9.1=2, go to MA9.3

If Q9.1=2 go to MA9.4

MA9.3. Did you get a flu shot this year, that is between January 1st and [if interview occurs between January and May, then insert “**month of interview**”, else if interview occurs between June and December read “**May**”] of this year?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

pre-MA9.4

If MA9.2=1 AND MA9.3=(1,7,9) go to MA9.5

Else If MA9.2=1 AND MA9.3=2 go to MA9.4 (why not later)

Else if MA9.2=2 go to MA9.4 (why not sept-dec)

Else if MA9.2=(7,9) AND MA9.3=(1,2,7,9) go to MA9.4

Else if MA9.1=(7,9) go to MA9.5

MA9.4. What is the main reason you didn't get a flu shot [if (Q9.1=2 AND MA9.2=(2,7,9)) OR (Q9.1=2 AND MA9.1=(7,9)) read “**during the past 12 months?**”]; [else if Q9.1=1 AND MA9.2=(2,7,9) read “**September to December last year, that is in 2000**”]; [else if (Q9.1=2 AND MA9.2=1) OR (MA9.2=1 AND MA9.3=2) read “**a little later when it was available**”];

(read only if necessary)

- 01 Didn't know I needed it
- 02 Doctor didn't recommend it
- 03 Didn't think of it/forgot/missed it
- 04 Tried to get a flu shot, but no flu shots were available
- 05 Tried to get a flu shot, but my doctor said I didn't need it
- 06 Didn't think it would work
- 08 Don't need a flu shot/not at risk/flu not serious
- 10 Shot could give me the flu/allergic reaction/other health problem
- 11 Doctor recommended against getting the shot/allergic to shot/medical reasons
- 12 Don't like shots or needles / don't want it
- 13 Other [specify} _____
- 77 Don't Know/Not Sure
- 99 Refused

pre-MA9.5:

If Q9.1=1 then go to MA9.5;

else if Q9.1=2 go to Q9.2

MA9.5. At what kind of place did you get your last flu shot ?
(read only if necessary)

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center
[Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store other than drug store *[Example: supermarket]*
- 10 A drug store or pharmacy
- 06 A hospital or emergency room
- 08 Workplace
- 11 Other *[specify]* _____
- 77 Don't know/Not sure
- 99 Refused

9.2. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 10: Tobacco Use

10.1. Have you smoked at least 100 cigarettes in your entire life? (99)

5 packs	1	Yes Go to MA10.2
= 100	2	No Go to MA10.1
cigarettes	7	Don't know/Not sure Go to MA10.15
	9	Refused Go to MA10.15

STATE-ADDED TOBACCO USE

(Splits 1,2,3)

MA10.1. Have you smoked at least one whole cigarette in the past 6 months?

1	Yes Go to MA10.5
2	No Go to MA10.15
7	Don't Know/Not Sure Go to MA10.15
9	Refused Go to MA10.15

MA10.2. About how old were you the first time you smoked a cigarette, even one or two puffs?

__ __	Code age in years
0 7	7 or younger
7 6	76 or older
7 7	Don't know/Not sure
9 9	Refused

MA10.3. How old were you when you first started smoking cigarettes regularly?

__ __	Code age in years
0 7	7 or younger
7 6	76 or older
8 8	Never smoked regularly
7 7	Don't know/Not sure
9 9	Refused

10.2. Do you now smoke cigarettes every day, some days, or not at all? (100)

- | | |
|---|--------------------------------|
| 1 | Every day |
| 2 | Some days Go to MA10.5 |
| 3 | Not at all Go to MA10.8 |
| 9 | Refused Go to MA10.15 |

STATE-ADDED TOBACCO

(Splits 1,2,3)

MA10.4. On the average, about how many cigarettes a day do you now smoke?

- | | | |
|-----------------------------------|-----|---|
| 1 pack = 20
cigarettes | — — | Number of cigarettes [76 = 76 or more] Go to MA10.7 |
| | 7 7 | Don't know/Not sure Go to MA10.7 |
| | 9 9 | Refused Go to MA10.7 |

MA10.5. On how many of the past 30 days did you smoke cigarettes?

- | | |
|-----|---------------------|
| — — | Number of Days |
| 88 | None |
| 77 | Don't know/Not sure |
| 99 | Refused |

If MA10.5=88, Go to pre-MA10.7

MA10.6. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

- | | | |
|-----------------------------------|-----|----------------------|
| 1 pack = 20
cigarettes | — — | Number of cigarettes |
| | 7 7 | Don't know/Not sure |
| | 9 9 | Refused |

pre-MA10.7: If MA10.1 = 1 then go to MA10.15; else continue

MA10.7. How soon after you awake in the morning do you usually smoke your first cigarette?

Hours and minutes:	_____
Immediately	0000
Don't know/Not sure	2357
Refused	2359

Go to MA10.9

MA10.8. About how long has it been since you last smoked cigarettes regularly, that is, daily?

(Read Only if Necessary)

Time code _____

- 01 Within the past month (0 to 1 month ago) **Go to MA10.9**
- 02 Within the past 3 months (1 to 3 months ago) **Go to MA10.9**
- 03 Within the past 6 months (3 to 6 months ago) **Go to MA10.9**
- 04 Within the past year (6 to 12 months ago) **Go to MA10.9**
- 08 Within the past 3 years (1 to 3 years ago) **Go to MA10.15**
- 05 Within the past 5 years (3 to 5 years ago) **Go to MA10.15**
- 06 Within the past 15 years (5 to 15 years ago) **Go to MA10.15**
- 07 15 or more years ago **Go to MA10.15**
- 77 Don't know/Not sure **Go to MA10.15**
- 88 Never smoked regularly **Go to MA10.15**
- 99 Refused **Go to MA10.15**

MA10.9. **{IF Q10.2 = 1,2}**: What brand do you usually smoke?

{IF Q10.2 = 3}: Just before you quit smoking, what brand did you usually smoke?

BASIC	06		
BENSON & HEDGES	08	NEWPORT	62
CAMBRIDGE	16	NOW	64
CAMEL	18	PALL MALL	66
CARLTON	20	PARLIAMENT	68
GPC	32	SALEM	84
KENT	36	STERLING	85
KOOL	38	TRUE	88
LUCKY STRIKE	46	VICEROY	90
MARLBORO	48	VIRGINIA SLIMS	92
MERIT	50	WINSTON	94
MISTY	52	ALL DIFF TYPE	95
MONARCH	54	GENERIC IN GEN.	96
MONTCLAIR	56	OTHER	97

DON'T KNOW 77
REFUSED 99

MA10.10. Are the words "light" or "ultra-light" on the package of the brand you usually... **{IF Q10.2 = 1,2}: smoke? {IF Q10.2 = 3}: smoked?**

Probe for which	1	Light
	2	Ultra-light
	3	Yes, but can't remember which
	4	No
	7	Don't know
	9	Refused

MA10.11. **{IF Q10.2 = 1,2}: Do... {IF Q10.2 = 3}: Did...** you usually smoke menthol cigarettes?

1	Yes
2	No
7	Don't know/Not sure
9	Refused

If Q10.2 = (1,2) then go to Q10.3; Else if Q10.2 = 3 then go to MA10.15

10.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (101)

1	Yes
2	No Go to MA10.13
7	Don't know/Not sure Go to MA10.13
9	Refused Go to MA10.13

STATE-ADDED TOBACCO USE
(SPLITS 1,2,3)

MA10.12. How long did you actually stay off cigarettes during your most recent quit attempt?

1	one day
2	2-6 days (less than one week)
3	7-14 days (less than two weeks)
4	15 days-1 month (one month or less)
5	More than 1 month-3 months
6	More than 3 months-6 months

- 8 More than 6 months
- 77 Don't Know/Not Sure
- 99 Refused

MA10.13. Are you planning to quit smoking in the next 30 days?

- 1 Yes **GO TO MA10.15**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA10.14. Are you thinking about quitting smoking in the next 6 months?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA10.15. (ASK ALL:) Is there anyone [if Q10.2 = (1,2) please read “**else**”] living in your household who smokes cigarettes?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA10.16. (ASK ALL:) Which statement best describes the rules about smoking in your home ...

PLEASE READ

- 1 no one is allowed to smoke anywhere
- 2 smoking is allowed in some places or at some times
- or**
- 3 smoking is permitted anywhere
- 7 Don't know/Not sure
- 9 Refused

Section 10a: Additional State-added Tobacco Use

[Splits 1,3]

If Split = 2 then GO TO: Section 10b: Tobacco Policy**Else if Split = (1,3) AND [Q10.1 = (2,7,9) OR MA10.8 = (5,6,7,77,88,99)] then GO TO Section 10b: Tobacco Policy****Else if Split = (1,3) AND MA10.8 = 8 GO TO MA10.20****Else if Split = (1,3) AND [MA10.8 = (1,2,3,4) or Q10.2=(1,2)] then continue**

MA10.17. (CURRENT SMOKERS AND 1-YEAR QUITTERS) In the past 12 months, did a medical doctor or assistant advise you to stop smoking?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA10.18. In the past 12 months, have you heard, read, or seen any information about quitting smoking?

- 1 Yes
- 2 No **Go to MA10.20**
- 7 Don't know/Not sure **Go to MA10.20**
- 9 Refused **Go to MA10.20**

MA10.19. I'm going to read you a list of places where you may have gotten this quit-smoking information. Did you get any of this information --

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. from television?	1		2	7 9
b. from the radio?	1		2	7 9
c. from a billboard?	1		2	7 9
d. from a doctor?	1		2	7 9
e. from a dentist?	1		2	7 9
f. from another health care professional?	1		2	7 9
g. at work?	1		2	7 9
h. from family or a friend?	1		2	7 9
i. from a newspaper or magazine?	1		2	7 9
j. from a brochure or other printed material?	1		2	7 9
k. by calling the Smokers Telephone Quit-Line?	1		2	7 9
l. from the Internet?	1		2	7 9

MA10.20. (CURRENT SMOKERS AND 3-YEAR QUITTERS) Have you ever used stop-smoking products such as nicotine gum, patches, or inhalers, or pills such as Zyban or Wellbutrin?

- 1 Yes
- 2 No **GO TO Section 10b: Tobacco Policy**
- 7 Don't know/Not sure **GO TO Section 10b: Tobacco Policy**
- 9 Refused **GO TO Section 10b: Tobacco Policy**

MA10.21. How long has it been since you last used a stop-smoking product?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA10.22. Thinking back to the last time you used these products, which of the following stop-smoking products did you use? I am going to read you a list, since some people use more than one at the same time. Please tell me which product or products you used the last time. (IF MORE THAN ONE MENTIONED, CODE FIRST TWO THAT ARE MENTIONED.)

- 1 Gum
- 2 Patch
- 3 Inhaler
- 4 Pill (i.e., Zyban, Wellbutrin)
- 5 Other (specify_____)
- 7 Don't Know/Not Sure
- 9 Refused

MA10.23. Again thinking about your most recent use, which of the following best describes the main reason you used this (these) product(s)?

PLEASE READ THE FIRST 4 RESPONSES:

- 1 As a substitute in places where I can't smoke
- 2 To try to quit smoking
- 3 To cut down on the amount I smoke
- 4 Or is there some other reason (specify)_____
- 7 Don't know/Not Sure
- 9 Refused

MA10.24. About how long did you use this (these) product(s)?

- 1 ___ Days
- 2 ___ Weeks
- 3 ___ Months
- 7 7 7 Don't know
- 9 9 9 Refused

MA10.25. Did you buy this (these) product(s) over-the-counter (that is, directly from the store without a prescription) or did you have a prescription?

- 1 OTC
- 2 Prescription

- 3 Both OTC and prescription
- 7 Don't Know/Not Sure
- 9 Refused

MA10.26. Did you pay for this (these) product(s) completely on your own, or did an insurance plan or other medical assistance cover at least part of the cost?

- 1 Self
- 2 Insurance
- 7 Don't Know/Not Sure
- 9 Refused

IF Q10.2=3, GO TO MA10.27; ELSE IF Q10.2=1,2, GO TO MA10.28.

MA10.27. (FORMER SMOKERS) You earlier said that you have not smoked ____ (**FILL IN RESPONSE CATEGORY from MA10.8 = 1-4 or 8**). Did you use any of these stop-smoking products for the quit attempt when you actually stopped smoking?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Go to Section 10b: Tobacco Policy

MA10.28. (CURRENT SMOKERS) Overall, how satisfied were you with this (these) stop-smoking product(s)? Would you say you were..

PLEASE READ

- 1 Not at all satisfied
- 2 Somewhat satisfied
- 3 Satisfied
- 4 Very satisfied
- 7 Don't know
- 9 Refused

Section 10b: State-added Tobacco Policy

[Split 2,3]

If Split = 1 then GO TO Section 11: Alcohol

else if split = (2,3) continue

The next questions are about your opinions on issues related to smoking.

MA10.29. Compared with smoking regular cigarettes, would smoking low tar and low nicotine cigarettes increase, decrease, or have no effect on someone's risk of having health problems?

- 1 Increase
- 2 Decrease
- 3 No effect
- 7 Don't know/Not sure
- 9 Refused

MA10.30. Now I'm going to read you a list of places where smoking may or may not be allowed. For each one, please tell me if you think that smoking should be allowed there without restriction, should be permitted only in designated areas, or should not be allowed at all.

Concerning smoking in (NAME OF PLACE) -- should it be allowed without restriction, should it be permitted only in designated areas, or not be allowed at all?

[Interviewer Note: After first three, you may read "How about...?"]

Allowed without restriction = 1, Permitted in designated areas = 2, Not at all = 3, Don't know = 7, Refused = 9

- | | | | | | |
|-------------------------------|---|---|---|---|---|
| a. Restaurants | 1 | 2 | 3 | 7 | 9 |
| b. Indoor work areas | 1 | 2 | 3 | 7 | 9 |
| c. Bars and cocktail lounges? | 1 | 2 | 3 | 7 | 9 |
| d. Indoor sporting events? | 1 | 2 | 3 | 7 | 9 |
| e. Outdoor sporting events? | 1 | 2 | 3 | 7 | 9 |

MA10.31. If restaurants were completely smokefree, would you eat out more often, less often, or about the same as you do now?

- | | |
|---|--------------------------|
| 1 | More often |
| 2 | Less often |
| 3 | About the same |
| 4 | Don't eat in restaurants |
| 7 | Don't know/Not sure |
| 9 | Refused |

Section 11: Alcohol Consumption

- 11.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (102-104)

1 _ _ Days per week
 2 _ _ Days in past 30
 8 8 8 No drinks in past 30 days **Go to Q12.1**
 7 7 7 Don't know/Not sure **Go to Q12.1**
 9 9 9 Refused **Go to Q12.1**

- 11.2. On the days when you drank, about how many drinks did you drink on the average? (105-106)

_ _ Number of drinks
 7 7 Don't know/Not sure
 9 9 Refused

- 11.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (107-108)

_ _ Number of times
 8 8 None
 7 7 Don't know/Not sure
 9 9 Refused

Section 12: Firearms

The next question is about firearms, including weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire.

12.1. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. (109)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

Section 13: Demographics

13.1. What is your age? (110-111)

— —	Code age in years
0 7	Don't know/Not sure
0 9	Refused

13.2. Are you Hispanic or Latino? (112)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

13.3. Which one or more of the following would you say is your race? (113-118)

		Please Read
Mark all that apply	1	White
	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian, Alaska Native
		or
	6	Other [specify]
	8	No additional choices
Do not read these responses	7	Don't know/Not sure
	9	Refused

If more than one response to Q13.3, continue. Otherwise, go to Q13.5

13.4. Which one of these groups would you say best represents your race? (119)

- | | |
|---|---|
| 1 | White |
| 2 | Black or African American |
| 3 | Asian |
| 4 | Native Hawaiian or Other Pacific Islander |
| 5 | American Indian, Alaska Native |
| 6 | Other [specify] |
| 7 | Don't know/Not sure |
| 9 | Refused |

13.5. Are you: (120)

Please Read

- | | |
|---|---------------------------------|
| 1 | Married |
| 2 | Divorced |
| 3 | Widowed |
| 4 | Separated |
| 5 | Never married |
| | or |
| 6 | A member of an unmarried couple |

Do not read 9 Refused

13.6. How many children less than 18 years of age live in your household? (121-122)

- | | |
|-----|--------------------|
| — — | Number of children |
| 8 8 | None |
| 9 9 | Refused |

13.7. What is the highest grade or year of school you completed? (123)

Read Only if Necessary

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

13.8. Are you currently: (124)

Please Read

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- or
- 8 Unable to work

Do not read

- 9 Refused

13.9. Is your annual household income from all sources:

(125-126)

Read as Appropriate

If respondent refuses at any income level, code refused	0 4	Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
	0 3	Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)
	0 2	Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)
	0 1	Less than \$10,000 If "no," code 02
	0 5	Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)
	0 6	Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)
	0 7	Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)
	0 8	\$75,000 or more
Do not read these responses	7 7	Don't know/Not sure
	9 9	Refused

13.10. About how much do you weigh without shoes?

(127-129)

Round fractions up	___ ___ ___	Weight
	pounds	
	7 7 7	Don't know/Not sure
	9 9 9	Refused

13.11. About how tall are you without shoes?

(130-132)

Round fractions down	___/___ ___	Height
	ft/inches	
	7 7 7	Don't know/Not sure
	9 9 9	Refused

STATE-ADDED TOWN
(SPLITS 1,2,3)

MA13.1. What city or town do you live in?

_____	Town code [001-351]
888	OTHER: (SPECIFY) _____
777	Don't Know/Not Sure
999	Refused

(Please Note: ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON)

STATE-ADDED ZIPCODE
(SPLITS 1,2,3)

MA13.2 What is your zip code?

0 _____	Zip code
77777	Don't know/not sure
99999	Refused

IF [stratum = 01 AND MA13.1 NOT EQUAL TO (46, 49, 57, 93, 189, 207, 274, 346)] OR MA13.1= 35 THEN continue; ELSE go to Q13.13

MA13.3. What neighborhood in Boston do you live in?

- 01 Allston, Brighton
- 02 Back Bay, Beacon Hill
- 03 Charlestown
- 04 Chinatown
- 05 Dorchester
- 06 Downtown
- 08 East Boston
- 10 Fenway
- 11 Hyde Park
- 12 Jamaica Plain
- 13 Mattapan
- 14 Mission Hill
- 15 North End
- 16 Roslindale
- 17 Roxbury
- 18 South Boston
- 19 South End
- 20 West End
- 21 West Roxbury
- 22 Other (Specify _____)
- 88 Don't live in Boston
- 77 Don't know/not sure
- 99 Refused

13.13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (136)

- 1 Yes
- 2 No **Go to Q13.15**
- 7 Don't know/Not sure **Go to Q13.15**
- 9 Refused **Go to Q13.15**

13.14. How many of these are residential numbers? (137)

- ___ Residential telephone numbers [**6=6 or more**]
- 7 Don't know/Not sure
- 9 Refused

13.15. How many adult members of your household currently use a cell phone for any purpose? (138)

- Number of adults
8 None
7 Don't know/Not sure
9 Refused

13.16. Indicate sex of respondent. **Ask only if necessary** (139)

- 1 Male **Go to Section 14a: State-added Disability**
2 Female

If respondent 45 years old or older, go to Section 14a: State-added Disability

13.17. To your knowledge, are you now pregnant? (140)

- 1 Yes
2 No
7 Don't know/Not sure
9 Refused

Section 14a: State-added Disability

[Splits 2,3]

If Split = 1 then GO TO: Section 14: Disability**Else if Split = (2,3) then continue.**

The next two questions are about your support needs and life satisfaction.

MA14.1 How often do you get the social and emotional support you need? Would you say...

PLEASE READ

- | | |
|---|-----------|
| 1 | Always |
| 2 | Usually |
| 3 | Sometimes |
| 4 | Rarely |
| 5 | Never |

Do not	7	Don't know / Not sure
read these	9	Refused
responses		

MA14.2 In general, how satisfied are you with your life? Would you say:

PLEASE READ

- | | |
|---|-----------------------|
| 1 | Very satisfied |
| 2 | Satisfied |
| 3 | Dissatisfied |
| 4 | Very dissatisfied |
| 7 | Don't know / Not sure |
| 9 | Refused |

Do not	7	Don't know / Not sure
read these	9	Refused
responses		

Section 14: Disability

The following questions are about health problems or impairments you may have.

14.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? (141)

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

14.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (142)

- | | | |
|---|---|---------------------|
| Include occasional use or use in certain circumstances | 1 | Yes |
| | 2 | No |
| | 7 | Don't know/Not sure |
| | 9 | Refused |

State-added disability

[Splits 2,3]

If split = 1, then Go to Section 14b: Quality of Life

MA14.3 Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

MA14.4 What is the farthest distance you can walk by yourself, without any special equipment or help from others?

PLEASE READ

- 1 Not any distance
- 2 Across a small room
- 3 About the length of a typical house
- 4 About one or two city blocks
- 5 About one mile
- or-**
- 6 More than one mile
- 7 Don't know / Not sure
- 9 Refused

If Q14.1 = 1 or Q14.2 = 1 or MA14.3 = 1 then GO TO MA14.5; ELSE GO TO MA14.10.

MA14.5. What is the major impairment or health problem that limits your activities?

[If respondent says, "I'm not limited," say, "I'm referring to the impairment you indicated on an earlier question."]

Reason Code

Read Only if Necessary

- 0 1 Arthritis/rheumatism
- 0 2 Back or neck problem
- 0 3 Fractures, bone/joint injury
- 0 4 Walking problem
- 0 5 Lung/breathing problem
- 0 6 Hearing problem
- 0 7 Eye/vision problem
- 0 8 Heart problem
- 0 9 Stroke problem
- 1 0 Hypertension/high blood pressure
- 1 1 Diabetes
- 1 2 Cancer

- 1 3 Depression/anxiety/emotional problem
- 1 4 Other impairment/problem [specify]_____

- 7 7 Don't know/Not sure
- 9 9 Refused

MA14.6. For how long have your activities been limited because of your major impairment or health problem?

- 1 __ __ Days
- 2 __ __ Weeks
- 3 __ __ Months
- 4 __ __ Years
- 7 7 7 Don't know/Not Sure
- 9 9 9 Refused

MA 14.7 Would you say your limitation is:

Please read

- a. mild 1
- b. moderate 2
- or**
- c. severe 3

Do not read don't know/not sure 7
these responses refused 9

MA14.8. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA14.9. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Go To MA14.16

MA14.10. A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind?

- 1 Yes
- 2 No **GO TO MA14.16**
- 7 Don't know / Not sure **GO TO MA14.16**
- 9 Refused **GO TO MA14.16**

MA14.11. What is your major disability?

Specify: _____

- 7 Don't know / Not sure
- 9 Refused

MA14.12. For HOW LONG have you had your main disability?

- 1 ___ Days
- 2 ___ Weeks
- 3 ___ Months
- 4 ___ Years
- 7 7 7 Don't know/Not Sure
- 9 9 9 Refused

MA14.13 Would you say your disability is:

Please read

- a. mild 1
- b. moderate 2
- or**
- c. severe 3

58

Do not read don't know/not sure 7
these responses refused

9

MA14.14. Because of your disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MA14.15. Because of your disability, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 14b: State-added Quality of Life

[Splits 1,2,3]

MA14.16. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

- | | |
|-------|---------------------|
| __ __ | Number of days |
| 8 8 | None |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

MA14.17. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

- | | |
|-------|---------------------|
| __ __ | Number of days |
| 8 8 | None |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

MA14.18. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

___ __	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

MA14.19. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

___ __	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

MA14.20. During the past 30 days, for about how many days have you felt very healthy and full of energy?

___ __	Number of days
8 8	None
7 7	Don't know/Not sure
9 9	Refused

State-added Disability

[Splits 2,3]

If Split = 1 go to Section 15: Physical Activity

Else if Split = (2,3) AND number of adults = 1 AND core Q13.6 = 88 go to Section 15: Physical Activity. Else continue

MA14.21. Is there anyone [read “else” if “yes” to either Q14.1 or Q14.2 or MA14.3 or MA14.10] in your household who is LIMITED in any way in any activities because of an impairment or health problem?

1	Yes	
2	No	GO TO Section 15: Physical Activity
7	Don't know / Not sure	GO TO Section 15: Physical Activity
9	Refused	GO TO Section 15: Physical Activity

MA14.20. How old are these people?

— —	Person 1
— —	Person 2
— —	Person 3
— —	Person 4
— —	Person 5

Section 15: Physical Activity

If "employed" or "self-employed" to core Q13.8, continue. Otherwise go to Q15.2.

15.1. When you are at work, which of the following best describes what you do?

(143)

Would you say: **Please Read**

If respondent has multiple jobs, include all jobs	1	Mostly sitting or standing
	2	Mostly walking
	3	Mostly heavy labor or physically demanding work
Do not read these responses	7	Don't know/Not sure
	9	Refused

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

15.2. Now, thinking about the moderate physical activities you do [**fill in (when you are not working) if "employed" or "self-employed" to core Q13.8**] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

1	Yes
2	No Go to Q15.5
7	Don't know/Not sure Go to Q15.5
9	Refused Go to Q15.5

15.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?

— —	Days per week
8 8	Does not exercise 10 minutes weekly
7 7	Don't know/Not sure
9 9	Refused

- 15.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (147-149)

__ : __ __ Hours and minutes per day (0:10-9:59 per day)
 7 7 7 Don't know/Not sure
 9 9 9 Refused

- 15.5. Now thinking about the vigorous physical activities you do **[fill in (when you are not working) if "employed" or "self-employed" to core Q13.8]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate? (150)

1 Yes
 2 No **Go to Q16.1**
 7 Don't know/Not sure **Go to Q16.1**
 9 Refused **Go to Q16.1**

- 15.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

__ __ Days per week
 8 8 Does not exercise 10 minutes weekly
 7 7 Don't know/Not sure
 9 9 Refused

- 15.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities? (153-155)

__ : __ __ Hours and minutes per day (0:10-9:59 per day)
 7 7 7 Don't know/Not sure
 9 9 9 Refused

Section 16: Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to Q17.1

16.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (156)

- 1 Yes
- 2 No **Go to Q16.3**
- 7 Don't Know/not Sure **Go to Q16.3**
- 9 Refused **Go to Q16.3**

16.2. How long has it been since you had your last PSA test? (157)

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years)
- 3 Within the past 3 years (2 to 3 years)
- 4 Within the past 5 years (3 to 5 years)
- 5 5 or more years ago
- 7 Don't know
- 9 Refused

16.3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (158)

- 1 Yes
- 2 No **Go to Q16.5**
- 7 Don't know/Not sure **Go to Q16.5**
- 9 Refused **Go to Q16.5**

16.4. How long has it been since your last digital rectal exam? (159)

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years)
- 3 Within the past 3 years (2 to 3 years)
- 4 Within the past 5 years (3 to 5 years)
- 5 5 or more years ago

- 7 Don't know/Not sure
- 9 Refused

16.5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer? (160)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

16.6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer? (161)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 17: Colorectal Cancer Screening

If respondent 49 years old or younger, go to HIV/AIDS Section

17.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (162)

- 1 Yes
- 2 No **Go to Q17.3**
- 7 Don't know/Not sure **Go to Q17.3**
- 9 Refused **Go to Q17.3**

17.2. How long has it been since you had your last blood stool test using a home kit? (163)

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

17.3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
- 2 No **Go to HIV/AIDS Section**
- 7 Don't know/Not sure **Go to HIV/AIDS Section**
- 9 Refused **Go to HIV/AIDS Section**

17.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (165)

Read Only if Necessary

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 Within the past 10 years (5 to 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure

67

9 Refused

Section 18: HIV/AIDS

**If respondent is female and age 65 or older GO TO Section 20: Cervical Cancer Screening;
Else if male and age 65 years old or older, go to Section 21: Diabetes Information**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you Don't know.

18.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (166)

- 1 True
- 2 False
- 7 Don't know/Not Sure
- 9 Refused

18.2. There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (167)

- 1 True
- 2 False **Go to Q18.4**
- 7 Don't know/Not Sure **Go to Q18.4**
- 9 Refused **Go to Q18.4**

18.3. How effective do you think these treatments are helping persons with HIV to live longer? (168)

Would you say:

- Please Read**
- 1 Very effective
 - 2 Somewhat effective
 - or
 - 3 Not at all effective

Do not read 7 Don't know/Not sure

these responses 9 Refused

18.4. How important do you think it is for people to know their HIV status by getting tested?
(169)

Would you say:

Please Read

- 1 Very important
- 2 Somewhat important
- or
- 3 Not at all important

Do not read 7 Don't know/Not sure
these responses 9 Refused

18.5. As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. (170)

Include 1 Yes
saliva tests 2 No **Go to Q18.9**
 7 Don't know/Not sure **Go to Q18.9**
 9 Refused **Go to Q18.9**

18.6. Not including blood donations, in what month and year was your last HIV test?
(171-174)

Include _____/____ Code month and year (01-12 month/85-01 year)
saliva tests 7 7 7 7 Don't know/Not sure
 6 6 6 6 Refused

18.7. What was the main reason you had your test for HIV in [fill in date from Q18.6]?

(175-176)

— —	Reason code
	Read Only if Necessary
0 1	For hospitalization or surgical procedure
0 2	To apply for health insurance
0 3	To apply for life insurance
0 4	For employment
0 5	To apply for a marriage license
0 6	For military induction-or military service
0 7	For immigration
0 8	Just to find out if you were infected
0 9	Because of referral by a doctor
1 0	Because of pregnancy
1 1	Referred by your sex partner
1 3	For routine check-up
1 4	Because of occupational exposure
1 5	Because of illness
1 6	Because I am at risk for HIV
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

18.8. Where did you have the HIV test in [fill in date from Q18.6]? (177-178)

— —	Facility code
	Read Only if Necessary
0 1	Private doctor, HMO
0 2	Blood bank, plasma center, Red Cross
0 3	Health department
0 4	AIDS clinic, counseling, testing site
0 5	Hospital, emergency room, outpatient clinic
0 6	Family planning clinic
0 7	Prenatal clinic, obstetrician' s office
0 8	Tuberculosis clinic
0 9	STD clinic
1 0	Community health clinic
1 1	Clinic run by employer
1 2	Insurance company clinic
1 3	Other public clinic
1 4	Drug treatment facility
1 5	Military induction or military service site
1 6	Immigration site
1 7	At home, home visit by nurse or health worker
1 8	At home using self-sampling kit
1 9	In jail or prison
8 7	Other
7 7	Don't know/Not sure
9 9	Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

18.9. In the past 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use? (179)

1 Yes

2	No
7	Don't know/Not sure
9	Refused

Section 19: Sexual Orientation

[Split 1,2,3]

MA19.1. [Among adults ages 18-64] Do you consider yourself to be:

(Please read)

- 1 Heterosexual or straight
- 2 Homosexual or [if respondent is male read **“gay”**; else if female, read **“lesbian”**]
- 3 Bisexual
- or-
- 4 other

(don't read these responses)

- 7 Don't Know/Not Sure
- 9 Refused

Section 20: Cervical Cancer Screening

[Split 3]

If Split = 1, Go to Section 21: Diabetes Information

Else if Split = 2 Go to Section 22: Cardiovascular Disease

Else if Split = 3 AND respondent is male then go to Section 22: Cardiovascular Disease

Else if Split = 3 AND female, continue

MA20.1. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

- | | | |
|---|---------------------|---------------------|
| 1 | Yes | |
| 2 | No | GO TO MA20.4 |
| 7 | Don't know/Not sure | GO TO MA20.4 |
| 9 | Refused | GO TO MA20.4 |

MA20.2 How long has it been since you had your last Pap smear?

Read Only if Necessary

- | | |
|---|--|
| 1 | 1 to 12 months ago (Within the past year) |
| 2 | 1 to 2 years ago (Within the past 2 years) |
| 3 | 2 to 3 years ago (Within the past 3 years) |
| 4 | 3 to 5 years ago (Within the past 5 years) |
| 5 | 5 or more years ago |
| 7 | Don't know/Not sure GO TO MA20.4 |
| 9 | Refused GO TO MA20.4 |

MA20.3. What were the results of your most recent Pap smear? Would you say..

Please read

- | | | |
|----------------------------|---|--|
| | 1 | Normal |
| | 2 | Abnormal |
| don't read these responses | 3 | Did not get results of most recent Pap smear |
| | 7 | Don't Know/Not Sure |
| | 9 | Refused |

MA20.4. Have you had a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb)	1	Yes
	2	No
	7	Don't know/Not sure
	9	Refused

Section 21: Diabetes Information

[Split 1]

If Split=2,3, Go to Section 22: Cardiovascular Disease

MA21.1. In the past 6 months, have you heard, read or seen any information about the importance of controlling diabetes?

- 1 Yes
- 2 No **Go to Section 22: Cardiovascular Disease**
- 7 Don't know/Not sure **Go to Section 22: Cardiovascular Disease**
- 9 Refused **Go to Section 22: Cardiovascular Disease**

MA21.2. I'm going to read you a list of places where you might have gotten information about the importance of controlling diabetes. Did you get any of this information:

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. from television?	1	2	7	9
b. from the radio?	1	2	7	9
d. from a newspaper or magazine	1	2	7	9
e. from a brochure or other printed material? 1		2	7	9
f. Internet?	1	2	7	9

Section 22: Cardiovascular Disease

[Splits 1,2*,3*]

IF Split = 1 then GO TO MA22.1;

*** ELSE if split = (2,3) AND respondent lives in Fall River, New Bedford, or Springfield then GO TO MA22.1;**

*** ELSE if split = (2,3) AND respondent lives in other town AND age > 34 years GO TO MA22.3**

ELSE if split = (2,3) AND respondents lives in other town AND age 18-34 Go to Section 24: Workplace ETS

MA22.1. To lower your risk of developing heart disease or stroke, are you....

a. Eating fewer high fat or high cholesterol foods?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

b. Eating more fruits and vegetables?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

c. More physically active?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

MA22.2. Within the past 12 months, has a doctor, nurse, or other health professional told you to...

a. Eat fewer high fat or high cholesterol foods?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

b. Eat more fruits and vegetables?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

c. Be more physically active?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA22.3. Has a doctor, nurse, or other health professional ever told you that you had any of the following?

a. A heart attack, also called a myocardial infarction

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

b. Angina or coronary heart disease

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

c. A stroke

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

If "yes" to MA22.3a continue. Otherwise, go to pre-MA22.5.

MA22.4. At what age did you have your first heart attack?

- | | |
|-------|---------------------|
| __ __ | Code age in years |
| 0 7 | Don't know/Not sure |
| 0 9 | Refused |

pre-MA22.5: If "yes" to MA22.3c, continue. Otherwise, go to pre-MA22.6.

MA22.5. At what age did you have your first stroke?

- | | |
|-------|---------------------|
| __ __ | Code age in years |
| 0 7 | Don't know/Not sure |
| 0 9 | Refused |

pre-MA22.6: IF SPLIT = (2,3) AND respondent DOES NOT live in (Fall River, New Bedford, Springfield) then GO TO Section 24: Workplace ETS; Else if yes to MA22.3a or MA22.3c, continue. ELSE, go to pre-MA22.7.

MA22.6. After you left the hospital following your [fill in (heart attack) if "yes" to MA22.3a or to MA22.3a and MA22.3c; fill in (stroke) if "yes" to MA22.3c and "no" to MA22.3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

pre-MA22.7. If respondent is aged 35 years or older continue with MA22.7, otherwise go to Section 23: Heart attack and stroke.

MA22.7. Do you take aspirin daily or every other day?

- | | |
|---|-------------------------|
| 1 | Yes Go to MA22.9 |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

MA22.8. Do you have a health problem or condition that makes taking aspirin unsafe for you?

- | | | | |
|--|---|--------------------------|--|
| If "yes," ask "Is this a stomach condition?" Code | 1 | Yes, not stomach related | Go to Section 23: Heart attack and stroke |
| | 2 | Yes, stomach problems | Go to Section 23: Heart attack and stroke |
| | 3 | No | Go to Section 23: Heart attack and stroke |
| upset stomachs as stomach problems | 7 | Don't know/Not sure | Go to Section 23: Heart attack and stroke |
| | 9 | Refused | Go to Section 23: Heart attack and stroke |

MA22.9. Why do you take aspirin...

a. To relieve pain?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

b. To reduce the chance of a heart attack?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

c. To reduce the chance of a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 23: Heart Attack and Stroke

[Splits 1,2*,3*]

IF Split = 1 then GO TO MA23.1;

*** ELSE if split = (2,3) AND respondent lives in Fall River, New Bedford, or Springfield then GO TO MA23.1;**

*** ELSE if split = (2,3) AND respondent lives in other town, Go to Section 24: Workplace ETS**

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

MA23.1. Which of the following do you think is a symptom of a heart attack. For each, tell me yes, no, or you're not sure.

- a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?

1	Yes
2	No
7	Don't know/Not sure
9	Refused

- c. (Do you think) chest pain or discomfort (are symptoms of a heart attack?)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

d. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

e. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

f. (Do you think) shortness of breath (is a symptom of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA23.2. Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure.

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

- 1 Yes
- 2 No

7 Don't know/Not sure

9 Refused

c. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

d. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

e. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

f. (Do you think) severe headache with no known cause (is a symptom of a stroke?)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

MA23.3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

Please Read

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member
or
- 5 Do something else

Do not read 7 Don't know/Not sure
these responses 9 Refused

Section 24: Workplace ETS

[Splits 1,2,3]

If Q13.8 = (3,4,5,7,8,9) Go to Section 25: Cigar smoking;

Else if Q13.8 = (1,2,6) then continue

The next few questions are about your exposure to **other** people's cigarette smoke in the workplace.

MA24.1. Do you work primarily indoors or outdoors?

- 1 Indoors
- 2 Outdoors **Go to Section 25: Cigar Smoking**
- 3 Both
- 4 Don't currently work **Go to Section 25: Cigar Smoking**
- 7 Don't Know/Not Sure **Go to Section 25: Cigar Smoking**
- 9 Refused **Go to Section 25: Cigar Smoking**

MA24.2. Which of the following best describes your main place of work (if MA24.1=3 then read: **"when you work indoors"**)?

(please read)

- 1 Office building
- 2 Factory
- 3 Store
- 4 School
- 5 Hospital or other healthcare facility
- 6 Restaurant or bar
- 8 At home **Go to Section 25: Cigar Smoking**
- 10 or some other place (**specify**) _____
- 77 Don't Know/Not Sure
- 99 Refused

MA24.3. I am going to read you a list of typical workplace smoking policies. Please tell me which one is most like the policy at your workplace.

(please read)

- 1 Smoking is not allowed anywhere inside the building
- 2 Smoking is only allowed in a few designated smoking areas
- 3 Smoking is allowed in most areas
- 7 Don't Know/Not sure

9 Refused

Section 25: Cigar Smoking

[Splits 2,3]

If Split = 1 go to Section 30: Health Plan**Else if Split = (2,3) AND respondent's age > 40 years then go to Section 26: Lactose Intolerance****Else if Split = (2,3) AND respondent's age is between 18-40 years then continue**

MA25.1. The next question is about cigar smoking. Have you ever smoked a cigar, even just a few puffs?

cigar =	1 Yes
large cigar	2 No Go to Section 26: Lactose Intolerance
cigarillo,	7 Don't know/Not sure Go to Section 26: Lactose Intolerance
or small cigar	9 Refused Go to Section 26: Lactose Intolerance

MA25.2. When was the last time you smoked a cigar?

Read Only if Necessary

0 1	Within the past month (0 to 1 month ago)
0 2	Within the past 3 months (1 to 3 months ago) Go to Section 26: Lactose Intolerance
0 3	Within the past 6 months (3 to 6 months ago) Go to Section 26: Lactose Intolerance
0 4	Within the past year (6 to 12 months ago) Go to Section 26: Lactose Intolerance
0 5	Within the past 5 years (1-5 years ago) Go to Section 26: Lactose Intolerance
0 6	Within the past 15 years (5-15 years ago) Go to Section 26: Lactose Intolerance
0 7	15 or more years ago Go to Section 26: Lactose Intolerance
7 7	Don't know/not sure Go to Section 26: Lactose Intolerance
9 9	Refused Go to Section 26: Lactose Intolerance

MA25.3. In the past month, did you smoke cigars:

PLEASE READ

	1	Everyday
	2	Several times per week
	3	Once per week
	4	Less than once per week
Do not	7	Don't know/Not sure
read these	9	Refused

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responses

Section 26: Lactose Intolerance

[Split 3]

If Split = 2 then GO TO: Section 28: Child's Asthma

Else if Split = 3 then Continue

I would like to ask you some questions about how you might be affected by dairy products, such as milk, cheese, yogurt, and ice cream.

MA26.1. When you consume dairy products, do you experience any physical discomfort such as gas, bloating, diarrhea or cramps?

- | | | |
|---|------------|---------------------|
| 1 | Yes | |
| 2 | No | GO TO MA26.3 |
| 7 | Don't Know | GO TO MA26.3 |
| 9 | Refused | GO TO MA26.3 |

MA26.2. Have you stopped eating or reduced your intake of dairy products because of physical discomfort?

- | | | |
|--|---|---------------------|
| If "yes", ask
"Did you stop
eating or
reduce your
intake" | 1 | Yes, stopped eating |
| | 2 | Yes, reduced intake |
| | 3 | No |
| | 7 | Don't Know/Not Sure |
| | 9 | Refused |

MA26.3. Has a doctor or other health professional ever told you that you have lactose intolerance?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know/Not Sure |
| 9 | Refused |

If MA26.1 = 1 or MA26.3 = 1 then GO TO MA26.4; else GO TO Section 27: Oral Health

MA26.4. How often do you consume the following foods?

<i>Per day</i>	<i>Per week</i>	<i>Per month</i>	<i>Per year</i>	<i>never</i>	<i>dk</i>	<i>ref</i>
1 __	2 __	3 __	4 __	888	777	999

- a. Broccoli
- b. Greens such as collard, turnip, kale, mustard, or bok choy
- c. Soy products such as soy milk, tofu, or soy nuts
- d. Lactose free dairy substitutes such as lactaid milk, lactaid tablets, or dairy ease
- e. Beans or lentils
- f. Calcium Fortified Orange Juice
- g. Fish with bones such as salmon or sardines

IF MA26.2 = 1 then GO TO MA26.5

- h. Dairy foods such as milk, cheese, yogurt, or ice cream

MA26.5. During the past month, did you take any supplements containing only calcium...?
(please read)

- 1 Daily
 - 2 On most days
 - 3 less than half the month
- or-**
- 4 not at all
 - 7 Don't Know/ Not Sure
 - 9 Refused

Section 27: Oral Health

[Split 3]

The next three questions are about your oral health and dental care.

MA27.1. How long has it been since you last visited a dentist or a dental clinic for any reason?

Read only if necessary

Include visits to dental specialists, such as orthodontists	1	Within the past year (1 to 12 months ago)
	2	Within the past 2 years (1 to 2 years ago)
	3	Within the past 5 years (2 to 5 years ago)
	4	5 or more years ago
	7	Don't know/Not sure
	8	Never
	9	Refused

MA27.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

Include teeth lost due to "infection"	1	5 or fewer
	2	6 or more but not all
	3	All
	8	None
	7	Don't know/Not sure
	9	Refused

MA27.3. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMO's, or government plans such as Medicaid?

Read only if necessary

1	Yes
2	No
7	Don't know/Not sure
9	Refused

Section 28: Child's Asthma

[Splits 2,3]

If split = (2,3) AND Q13.6 = 88 then go to Section 30: Health Plan**Else if split = (2,3) AND Q13.6 = 99 then go to Section 29: Child's Health/Dental****Else if split = (2,3) AND Q13.6 is between 1-76, continue**

Now I would like to ask you some questions on the health of children living in your household.

MA28.1. Earlier you said there were [fill in number for **core Q13.6**] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

__ __ # children

8 8 none **Go to Section 29: Child's Health/Dental**7 7 Don't Know/Not Sure **Go to Section 29: Child's Health/Dental**9 9 Refused **Go to Section 29: Child's Health/Dental**

MA28.2. How many of these children still have asthma?

__ __ # children

8 8 none

7 7 Don't Know/Not Sure

9 9 Refused

Section 29: Children’s Health/Dental

[Split 2,3]

If Split = (2,3) and Q13.6 = 88 then GO TO Section 30: Health Plan

Else If Split = (2,3) and Q13.6 = 99, Go to MA29.2.

Else if Split =(2,3) and Q13.6 is between 1-76, Go to MA29.1.

MA29.1 [read only if Q13.6 > 1 “We need to ask these next questions only about one child in a household.”] [read for all] What is the age of the child in your household, under the age of 18, [read only if Q13.6 > 1 “who has had the most recent birthday?”]

— —	Age (years, if <1, code 0) Go to MA29.3
77	Don’t know/not sure Go to Section 30: Health Plan
99	Refused Go to Section 30: Health Plan

MA29.2 The next few questions are about health insurance and health care for children in your household. If there are children in your household under the age of 18, what is the age of the child who has had the most recent birthday?

— —	Age (years, if <1, code 0)
88	No children in household Go to Section 30: Health Plan
77	Don’t know/not sure Go to Section 30: Health Plan
99	Refused Go to Section 30: Health Plan

MA29.3. Please answer the next few questions [READ “only” IF Q13.6 > 1] about this child in your household. How are you related to this child? Is this child a(n)...?

PLEASE READ

01	Natural-born or adopted son/daughter
02	Stepson/stepdaughter
03	Grandchild
04	Foster child
05	Niece or nephew
06	Brother or sister
07	Other relative
08	Other non-relative
77	Don't know/Not sure
99	Refused

MA29.4. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan?

- 1 Yes **GO TO MA29.6**
- 2 No
- 7 Don't know/Not sure **GO TO MA29.6**
- 9 Refused **GO TO MA29.6**

MA29.5. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA29.6. About how long has it been since this child last visited a doctor for a routine check-up, physical examination, or wellness visit?

- 1 Within 1 month
- 2 Within the past 3 months (1-3 months)
- 3 Within the past 6 months (3-6 months)
- 4 Within the past year (6-12 months)
- 5 More than one year
- 7 Don't know
- 9 Refused

MA29.7. Was there a time during the last 12 months when this child needed to see a doctor but did not because of the cost?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

IF MA29.1 is < 3 years old or MA29.2 is < 3 years old then GO TO MA29.11; ELSE continue

MA29.8. Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |
| 9 | Refused |

If child is age 3-6 then GO TO MA29.11; else continue

MA29.9. A dental sealant is a clear or white plastic-like material that is painted on a child's back teeth by a dentist or hygienist to prevent tooth decay. Has this child ever received dental sealants on their permanent teeth?

- | | | |
|---|---|--|
| Permanent teeth come in after primary teeth and include molars | 1 | Yes |
| | 2 | No Go to MA29.11 |
| | 7 | Don't Know/Not Sure Go to MA29.11 |
| | 9 | Refused Go to MA29.11 |

MA29.10. On how many of this child's permanent teeth are there dental sealants?

(please read)

- | | | |
|--------------------|---|---------------------|
| | 1 | 1-4 teeth |
| | 2 | 5-8 teeth |
| | 3 | None |
| do not read | 7 | Don't know/Not sure |
| | 9 | Refused |

MA29.11. Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child?

- | | |
|---|---------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know/Not sure |

96

9 Refused

Section 30: Health Plan

[Splits 1,2,3]

If MA2.1=1 or MA2.2=4 or MA2.3=4, go to MA30.1.

ELSE If MA2.2=5 or MA2.3=5, go to MA30.2

ELSE If MA2.2 =(1,2,3,8,77,99) or MA2.3=(1,2,3,8,77,99) go to MA30.3

ELSE If (Q2.1 = 7,9 or MA2.2 = 6,7,88 or MA2.3 = 6,7,88) go to SECTION 31: End of Life

MA30.1. The next question is about your Medicare coverage. For your medical care through Medicare, are you a member of an HMO like Secure Horizons Tufts Health Plan for Seniors, Harvard Pilgrim First Seniority, Blue Care 65, Fallon Senior Plan, or some other HMO?

- 1 Yes **Go to MA30.3**
- 2 No **Go to Section 31: End of Life**
- 7 Don't know **Go to MA30.3**
- 9 Refused **Go to MA30.3**

MA30.2 The next question is about your MassHealth or Medicaid coverage. For your medical care through MassHealth or Medicaid, are you a member of an HMO like Fallon Community Health Plan, Neighborhood Health Plan, or some other HMO?

- 1 Yes
- 2 No **Go to Section 31: End of Life**
- 7 Don't know **Go to Section 31: End of Life**
- 9 Refused **Go to Section 31: End of Life**

MA30.3 I'm going to read a list of health plan names. Please tell me if you belong to any of the following health plans. (If MA30.2 = 1, do not read MA30.3 "Blue Cross/Blue Shield" or "Harvard Pilgrim" or "Tufts Health Plan")

PLEASE READ

- 1 Blue Cross/Blue Shield
 - 2 Harvard Pilgrim Health Care **If (MA30.1=1,7,9) or (age > 64) go to MA30.5; Else go to MA30.10**
 - 3 Tufts Health Plan **If (MA30.1=1,7,9) or (age > 64) go to MA30.6, Else go to MA30.10**
 - 4 Fallon Community Health Plan **Go to MA30.10**
 - 5 Neighborhood Health Plan **Go to MA30.10**
- or**
- 6 Some other health plan (specify: _____) **Go to MA30.10 unless respondent answers one of the below responses "US Health Care to Cigna"; Please record both the literal AND the numeric code below, and then follow the appropriate skip pattern.**

Note to interviewer: Do not read these responses. IF specified health plan = "US Health Care to Cigna" then code as specified below; ELSE code "6" and record literal.

- 8 US Health Care (specify: _____) **Go to MA30.8**
- 10 Health Source or Cigna Health Source (specify: _____) **Go to MA30.9**
- 15 Aetna, Edna, Etna or any other name with Aetna, Edna or Etna in it
(specify: _____) **Go to MA30.8**
- 16 Cigna, Signa, Cygna, Sigma, Cigma or any other name with Cigna, Signa, Cygna, Sigma, Cigma in it BUT NOT Cigna Health Source (specify: _____)
Go to MA30.9
- 77 Don't know **If (MA30.1=1,7,9) or (age > 64) go to MA30.7 ; Else go to SECTION 31: End of Life**
- 99 Refused **If (MA30.1=1,7,9) or (age > 64) go to MA30.7 ; Else go to SECTION 31: End of Life**

MA30.4 Blue Cross/Blue Shield has a number of different health plans. Is the specific Blue Cross/Blue Shield plan you belong to called....?

PLEASE READ

- | | | |
|-------------------|----|-----------------------------------|
| | 1 | Blue Choice |
| | 2 | HMO Blue |
| | 3 | Blue Care 65 |
| | 4 | Blue Care Elect |
| | 5 | Network Blue |
| | 6 | Master Medical |
| | 8 | Master Health |
| | 10 | MEDEX |
| | 11 | Or something else? (specify)_____ |
| don't read | 77 | Don't know |
| | 99 | Refused |

Go to MA30.10.

MA30.5 Is the specific Harvard Pilgrim Health Care plan you belong to called First Seniority?

- | | | |
|--|---|------------|
| | 1 | Yes |
| | 2 | No |
| | 7 | Don't know |
| | 9 | Refused |

Go to MA30.10.

MA30.6 Is the specific Tufts Health Plan you belong to called Secure Horizons Tufts Health Plan for Seniors?

- | | | |
|--|---|------------|
| | 1 | Yes |
| | 2 | No |
| | 7 | Don't know |
| | 9 | Refused |

Go to MA30.10.

MA30.7 [If MA30.1=7,9, read “**Just to be sure**”] I’m going to read a list of health plan names that some people with Medicare belong to. Please tell me if you belong to any of the following health plans.

PLEASE READ

- | | | | |
|-------------------|---|--|--|
| | 1 | Blue Care 65 | Go to MA30.10 |
| | 2 | First Seniority | Go to MA30.10 |
| | 3 | Secure Horizons | Go to MA30.10 |
| | 4 | Fallon Senior Plan | Go to MA30.10 |
| | 5 | MEDEX | Go to MA30.10 |
| | | or | |
| | 6 | Some other health plan (specify) _____ | Go to MA30.10 |
| don't read | 7 | Don't know | (Go to SECTION 31: End of Life) |
| | 9 | Refused | (Go to SECTION 31: End of Life) |

MA30.8. Aetna US Healthcare has a number of different health plans. Is the specific health plan you belong to called...?

PLEASE READ

- | | | |
|-------------------|----|--|
| | 01 | Aetna US Healthcare HMO or US Healthcare HMO |
| | 02 | USAccess |
| | 03 | Quality Point-of-Service |
| | 04 | Elect Choice |
| | 05 | Managed Choice |
| | 06 | Open Choice |
| | 08 | Chickering/Student |
| | 10 | Or something else? (specify)_____ |
| don't read | 77 | Don't know |
| | 99 | Refused |

Go to MA30.10.

MA30.9. [If MA30.3 = 8 read “**Health Source, now known as Cigna Health Source**”; else if MA30.3 = 16 read “**CIGNA**”] has a number of different health plans. Is the specific health plan you belong to called....?

PLEASE READ

- | | | |
|-------------------|---|--------------------------------------|
| | 1 | CIGNA HealthCare Commercial HMO |
| | 2 | FlexCare Exclusive Provider Program |
| | 3 | CIGNA Health Access |
| | 4 | FlexCare Designated Provider Program |
| | 5 | Or something else? (specify) _____ |
| don't read | 7 | Don't know |
| | 9 | Refused |

MA30.10. How long have you belonged to your current health plan?

- | | | |
|--|---|--------------------|
| | 1 | Less than 6 months |
| | 2 | 6 months to 1 year |
| | 3 | 1-2 years |
| | 4 | More than 2 years |
| | 7 | Don't know |
| | 9 | Refused |

Section 31: End of Life Issues

[Split 3]

If Split = 1, go to Section 35: Sexual Assault Attitudes

Else if Split = 2 go to Section 33: Abstinence

Else if Split = 3 and respondent age is 18-39 go to Section 32: Genetics

Else if Split = 3 and respondent age > 39 continue

Towards the end of one's life, friends and family are often faced with making health care decisions for their loved ones. In this section, I ask about decisions you may have made regarding your own health care in the event that you are unable to make choices for yourself.

MA31.1. Have you ever had a serious discussion with family, friends, doctors, or other persons you trust regarding health care decisions you would want to make at the end of your life.

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

MA31.2. A health care proxy is a legal document that names a person who would make health care decisions for you if you were ever unable to. Have you ever completed a health care proxy or other legal document such as a living will?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Section 32: Genetics

[Split 3]

MA32.1. Now I would like to ask you about genetic risk for disease. Have you ever been told by a doctor or other health professional that you are at greater risk for a disease because of genetics or family history?

- 1 Yes
- 2 No **Go to Section 33: Abstinence**
- 7 Don't know/Not Sure **Section 33: Abstinence**
- 9 Refused **Section 33: Abstinence**

MA32.2. In Massachusetts, there are health professionals who specialize in genetics and help individuals and families understand their genetic risk. Before you heard this, were you aware that these services were available?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

Section 33: Abstinence

[Splits 2,3]

If Q13.6 = 1 AND MA29.1 is < age 5, then GO TO Section 34: Sexual Behavior**Else if Q13.6 = 88, then GO TO Section 34: Sexual Behavior****Else if Q13.6 = 99 AND MA29.2 = 88, then GO TO Section 34: Sexual Behavior****Else continue**

The next few questions ask you about your perceptions and attitudes about sexual activity among adolescents, including abstaining from sexual activity until marriage.

If MA29.1 is between 5-17 or MA29.2 is between 5-17 then GO TO MA 33.2.**Else if MA29.1 = (0,1,2,3,4,77,99) or MA29.2 = (0,1,2,3,4,77,99) then continue**

MA33.1 We want to ask these questions to adults living in a household with children between the ages of 5 and 17. Is there a child who is between the ages of 5 and 17 living in your household?

- 1 Yes
- 2 No **GO TO Section 34: Sexual Behavior**
- 7 Don't Know/ Not Sure **GO TO Section 34: Sexual Behavior**
- 9 Refused **GO TO Section 34: Sexual Behavior**

MA33.2 During the past 30 days, about how often have you heard or seen messages on TV or radio, or during public events, promoting the importance of teens delaying sexual activity until marriage?

PLEASE READ

- 1 Not at all in the past 30 days
- 2 About once or twice in the past 30 days
- 3 About once a week
- 4 Several times a week
- 7 Don't know/Not sure
- 9 Refused

MA33.3 Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once?

__ . __ Number

(If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.)

7 7 Don't know/Not sure

9 9 Refused

MA33.4. Starting at what age do you think parents should begin to talk to their child about sexuality and ways to prevent teen pregnancy, HIV, and other sexually transmitted diseases? For example, this could include talking about abstinence.

__ __ Age (years)

7 7 Don't know/Not sure

9 9 Refused

MA33.5. Regarding the oldest child in your household, how old is this child and is this child a boy or a girl?

1 __ __ Male age in years

2 __ __ Female age in years

9 9 9 Refused

If Q13.6 = 1 AND MA29.1=(9-17) go to MA33.7.

Else if MA33.5 = (105-108,205-208, 999) go to Section 34: Sexual Behavior

Else if MA33.5=(109-117,209-217) continue

MA33.6 You may have answered this question earlier, but how are you related to this child? Is this child a(n)...?

PLEASE READ

- 01 Natural-born or adopted son/daughter
- 02 Stepson/stepdaughter
- 03 Grandchild
- 04 Foster child
- 05 Niece or nephew
- 06 Brother or sister
- 07 Other relative

- 08 Other non-relative
- 77 Don't know/Not sure
- 99 Refused

MA33.7. During the past 12 months, about how often have you or other adults in the household had a conversation with this child regarding sexuality and ways to prevent pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.

PLEASE READ

- 1 More than once a month
- 2 About once a month
- 3 About once every few months
- 4 Once in the past 12 months
- 5 Not at all in the past 12 months
- 7 Don't know/Not sure
- 9 Refused

Section 34: Sexual Behavior

[Splits 2,3]

If Split = (2,3) AND age > 64, go to Section 36: Partner Violence

Else if split = (2,3) and age 18-64 then continue

The next questions are about your sexual behavior. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

MA34.1. During the past 12 months, have you had sex?

- 1 Yes
- 2 No **Go to Section 36: Partner Violence**
- 7 Don't Know/ Not sure **Go to Section 36: Partner Violence**
- 9 Refused **Go to Section 36: Partner Violence**

MA34.2. During the past 12 months, with how many people have you had sex?

- ___ ___ ___ Number
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

If MA34.2 = 1, go to MA34.4

MA34.3. During the past 12 months, have you had sex with only males, or only females, or with both males and females?

- 1 Only males
- 2 Only females
- 3 Both males and females
- 7 Don't Know/ Not sure
- 9 Refused

MA34.4. Now, thinking back about the last time you had sex, did you or your partner use a condom?

- 1 Yes **If MA34.2 = 1, go to MA34.5.**
Else go to Section 36: Partner Violence
- 2 No **If MA34.3 = (1,2,7,9) go to Pre-MA34.6. Else if MA34.2=1 or MA34.3=3 go to MA34.5**
- 7 Don't Know **If MA34.2=1, go to MA34.5.**
Else go to Section 36: Partner Violence
- 9 Refused **If MA34.2=1, go to MA34.5.**
Else go to Section 36: Partner Violence

MA34.5. The last time you had sex, was your partner male or female?

- 1 Male
- 2 Female
- 7 Don't Know/ Not Sure **Go to Section 36: Partner Violence**
- 9 Refused **Go to Section 36: Partner Violence**

Pre-MA34.6

If MA34.4 = (1,7,9), go to Section 36: Partner Violence

Else if MA34.4=2 AND (MA34.3 = 1 or MA34.5 = 1), go to MA34.6.

Else if MA34.4=2 AND (MA34.3 = 2 or MA34.5 = 2) AND Q13.16 = 1, go to MA34.6.

Else if MA34.4=2 AND (MA34.3 = 2 or MA34.5 = 2) and Q13.16 = 2, Go to Section 36: Partner Violence

Else if MA34.4=2 AND MA34.3=(7,9), Go to Section 36: Partner Violence

MA34.6. Which best describes the reason you did not use a condom the last time you had sex?

[if Q13.16 = 1 and (MA34.3 = 1 or MA34.5 = 1), then read 1,2,3,4,5,6,11,12]

[else if (Q13.16 = 2 and (MA34.3 = 1 or MA34.5 = 1)) or (Q13.16 = 1 and (MA34.3 = 2 or MA34.5 = 2)), then read 1,2,3,4,8,10,11,12].

PLEASE READ

- 1 No condom was available
- 2 I was too embarrassed or afraid to discuss using a condom
- 3 My partner refused to use a condom
- 4 I did not believe I or my partner was at risk
- 5 I believed my partner and I had the same HIV status
- 6 We did not have anal sex
- 8 My partner and I were trying to get pregnant
- 10 We did not have vaginal or anal sex
- 12 I do not like to use condoms
- or-**
- 11 Some other reason (**specify**) _____
- 77 Don't Know / Not Sure
- 99 Refused

Section 35: Sexual Assault Attitudes

[Split 1]

IF Split = (2,3) then GO TO Section 36: Partner Violence

Now I'm going to read you a question about what you think about a situation involving sexual behaviors. (Remember, I am not asking you about your own behavior. I'm asking you for your opinion). Please answer yes or no.

MA35.1. When might it be OK to make someone else have sex when they don't want to? It might be OK if they are married.

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Section 36: Partner Violence

[Splits 2,3]

If Split = 1 go to Section 37: Gambling

Else if Split= (2,3) and age>59, then go to Section 38: State-added alcohol

Else if Split = (2,3) AND Q13.16 = 2 AND age 18-59 then continue

Else if Split = (2,3) AND Q13.16 = 1 AND [MA19.1=(2,3) or MA34.3=(1,3) or MA34.5=1] then continue

Else if Split = (2,3) AND Q13.16=1 (heterosexual men) AND age 18-59 then go to Section 38: State-added alcohol

(Women and gay/bisexual men ages 18-59) The next questions deal with intimate partner abuse. I realize this is a sensitive topic and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you believe it would not be safe for you to talk about this now, or at anytime during this part of the survey, please tell me to skip to the next topic.

For these questions, intimate partners are any current or former husband, partner, boyfriend or girlfriend. A date would also be an intimate partner.

MA36.1. In the past 12 months, have you been frightened for the safety of yourself, your family, friends, or pets because of the anger or threats of an intimate partner?

	1	Yes
	2	No
If respondent asks to skip topic or hangs up, code 3 or 4	3	Respondent requested to skip to next topic Go to Section 38: SA alcohol
	4	Respondent terminated interview at this point Go to end of interview
	7	Don't Know/Not Sure
	9	Refused

MA36.2. In the past 12 months, has an intimate partner hit, slapped, punched, shoved, choked, kicked, shaken, or otherwise physically hurt you?

	1	Yes
	2	No Go To MA36.4
	7	Don't Know/Not Sure Go To MA36.4
	9	Refused Go To MA36.4

MA36.3. In the past 12 months, did you have any injuries, such as bruises, cuts, black eye, or broken bones, as a result of being hurt by an intimate partner?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

MA36.4. In the past 12 months, has an intimate partner made you take part in any sexual activity when you did not want to, including touching that made you feel uncomfortable?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

**If MA36.1 = 1 or MA36.2 = 1 or MA36.4 = 1 then go to MA36.5; Else go to Section 38:
State-Added Alcohol**

MA36.5. In the past 12 months, have you done any of the following as a result of the violence, anger, or threats of an intimate partner? Have you...

	Yes	No	DK/NS	Refused
a. Sought medical help for yourself?	1	2	7	9

if MA36.5a = (2,7,9) go to MA36.5b; Else continue

a1. Did you seek help at an emergency room?	1	2	7	9
---	---	---	---	---

Have you...

b. Sought counseling or therapy for yourself	1	2	7	9
c. Sought help from a domestic violence hotline or program	1	2	7	9
If Q13.6 = (88,99) then go to MA36.5e; Else continue				
d. Sought help for your children?	1	2	7	9
e. Obtained a restraining order?	1	2	7	9
f. Sought to break up, separate or divorce?	1	2	7	9
g. Had contact with the police?	1	2	7	9

If MA36.1 = 1 or MA36.2 = 1 or MA36.4 = 1 then read: If you or anyone you know is ever in immediate danger, you can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt, threatened, or controlled by an intimate partner. Would you like the hotline's number? **[If yes, continue]** The hotline's number is 1-800-799-SAFE (7233).

Section 37: Gambling

[Split 1]

If Split = 2 go to Section 38: State-added Alcohol

Else if Split = 3 go to Section 41: Follow-up

Else if Split = 1 continue

One issue that may cause stress in a person's life or in relationships with others is gambling. The next questions are about gambling and games of chance.

MA37.1. I'm going to read a list of different kinds of gambling and games of chance. These are: lottery games including scratch tickets, numbers or Keno; bingo, video poker machines, or dice or card games for money; horse or dog races; sports pools; going to a casino; or gambling over the Internet. In the last 12 months, have you gambled or played games of chance for money?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

MA37.2. At any time in your life would you or anyone else in your family say that the money or time you have spent gambling has led to financial problems or any other problems in your family, work, or personal life?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 38: State-added Alcohol

[Splits 1,2]

If Split = 3 then go to Section 41: Follow-up**Else if Split = (1,2) then continue**

This final section is about alcohol and drugs. Remember that your answers are strictly confidential. First, I would like to ask a few more questions about alcohol consumption.

If Q11.3 = (77,88,99) then go to MA38.4**Else if Q11.3 = 1-76 then go to MA38.7****Else if Q11.1 = (777,888,999) then continue**

MA38.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. How long has it been since you last drank an alcoholic beverage?

- 1 Within the last year
- 2 Within the last two years
- 3 3-5 years ago
- 4 5 or more years ago
- 8 Never drank/Never drank regularly **Go to Section 39: State Added Drug Use**
- 7 Don't Know/Not sure
- 9 Refused

MA38.2. During the most recent times you were drinking, about how often during a week or month did you have at least one drink of any alcoholic beverage?

- 1 __ __ Days per week
- 2 __ __ Days per month
- 8 8 8 Never drank **Go to Section 39: State Added Drug Use**
- 7 7 7 Don't know/Not sure **Go to MA38.4**
- 9 9 9 Refused **Go to MA38.4**

MA38.3. During the most recent times you were drinking, on the days when you drank, about how many drinks did you have on average?

- __ __ Number of drinks
- 8 8 None **Go to Section 39: State Added Drug Use**
- 7 7 Don't know/Not sure

9 9 Refused

MA38.4. At any time in your life, did you ever have (if Q13.16=1 then read, "5", else if Q13.16=2, then read, "4") or more drinks on the same occasion?

1 Yes
 2 No **GO TO MA38.7**
 7 Don't Know/Not sure **GO TO MA38.7**
 9 Refused **GO TO MA38.7**

MA38.5. How long has it been since you had (if Q13.16=1 then read, "5", else if Q13.16=2, then read, "4") or more drinks on the same occasion?

1 Within the past 12 months
 2 1-2 years ago
 3 3-5 years ago
 4 5 or more years ago
 7 Don't Know/Not sure
 9 Refused

MA38.6. At that time, how often did you have (if Q13.16=1 then read, "5", else if Q13.16=2, then read, "4") or more drinks on the same occasion? Would you say...

PLEASE READ

1 Daily
 2 3 to 6 days per week
 3 1 to 2 days per week
 4 1 to 3 days per month
or
 5 Less often
 7 Don't Know/Not Sure
don't read 9 Refused

MA38.7. Have you or anyone else ever thought that you might have a problem with alcohol?

1 Yes
 2 No
 7 Don't Know/Not sure
 9 Refused

MA38.8. At any time in your life, have you ever, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up?

- 1 Yes
- 2 No **GO TO pre-MA38.10**
- 7 Don't Know/Not sure **GO TO pre-MA38.10**
- 9 Refused **GO TO pre-MA38.10**

MA38.9. When was the last time this happened?

- 1 Within the past 30 days
- 2 More than 30 days ago, but within past 12 months
- 3 More than 12 months ago
- 7 Don't Know/Not Sure
- 9 Refused

pre-MA38.10: [Ever problem drinkers]

If [Q11.2=2 AND Q11.1 =(107,230)] OR [Q11.2=3 AND Q11.1 =(105-107,220-230)] OR [Q11.2=4 AND Q11.1 =(104-107,215-230)] OR Q11.2=(5-76) OR Q11.3=(4-76) then continue. Else if MA38.7 = 1 OR MA38.8=1 OR [MA38.3=2 AND MA38.2 =(107,230)] OR [MA38.3=3 AND MA38.2 =(105-107,220-230)] OR [MA38.3=4 AND MA38.2 =(104-107,215-230)] OR MA38.3=(5-76) OR MA38.6=(1,2,3) then continue.

[Never problem drinkers] Else go to Section 39: Drug Use

MA38.10. [Ever problem drinkers] How old were you the first time you had a whole drink of an alcoholic beverage? By drink we mean an entire alcohol beverage by yourself, such as a glass of wine, bottle of beer, or mixed drink?

___ years old (Code 76 for 76 or older)

- 7 7 Don't Know/Not sure
- 9 9 Refused

pre-MA38.11: [Recent problem drinker]

If [Q11.2=2 AND Q11.1 =(107,230)] OR [Q11.2=3 AND Q11.1 =(105-107,220-230)] OR [Q11.2=4 AND Q11.1 =(104-107,215-230)] OR Q11.2=(5-76) OR Q11.3=(4-76) OR [Q11.1=(101-230) AND MA38.7=1] then continue.

Else if [MA38.1 = 1 AND MA38.3=2 AND MA38.2 =(107,230)] OR [MA38.1 = 1 AND MA38.3=3 AND MA38.2 =(105-107,220-230)] OR [MA38.1 = 1 AND MA38.3=4 AND MA38.2 =(104-107,215-230)] OR [MA38.1 = 1 AND MA38.3=(5-76)] then continue.

Else if [MA38.5=1 AND MA38.6 = (1,2,3)] OR [MA38.1=1 AND MA38.7 = 1] OR [MA38.9=(1,2)] then continue.

Else go to Section 39: Drug Use

The next set of questions are about things that might have happened as a result of using alcohol during the past 12 months.

MA38.11. [Recent problem drinker] During the past 12 months, was there a time when ...

	yes	no	dk/ns	ref
a. You spent a lot of time getting over the effects of alcohol?	1	2	7	9
b. You used alcohol more often or in larger quantities than you intended to?	1	2	7	9
c. Using the same amount of alcohol had less effect than before, or it took longer to feel the effect?	1	2	7	9
d. Your use of alcohol often kept you from working, going to school, caring for children, or taking part in recreational activities?	1	2	7	9
e. Your use of alcohol caused you to feel depressed, suspicious of people, paranoid, or to have strange ideas?	1	2	7	9
f. Your use of alcohol caused you to have any physical problems?	1	2	7	9
g. You wanted to stop using, or cut down on alcohol, but found that you couldn't?	1	2	7	9
h. You made rules about where, when, or how much you would use alcohol, and then broke the rules more than once?	1	2	7	9
i. Did you have symptoms such as anxiety, vomiting, or 1	2	7	9	

- trouble sleeping as the effect of the alcohol was wearing off?
- j. Did you drink alcohol to prevent or cure any of these 1 2 7 9 symptoms?

Section 39: State-added Drug Use

[Splits 1,2]

I want to ask you some questions about drugs. I only want to know about drugs that have not been prescribed for you by your doctor or other health professional.

MA39.1. Have you ever, even once, used marijuana?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

MA39.2. Have you ever, even once, used any of the following drugs: powder or crack cocaine, heroin, hallucinogens, (if respondent's age 18-35 then **read** "MDMA/Ecstasy")

- 1 Yes
- 2 No **Go to MA39.4**
- 7 Don't Know/Not Sure **Go to MA39.4**
- 9 Refused **Go to MA39.4**

MA39.3. Which drugs have you tried even once in your lifetime?
(Code up to five responses)

PLEASE READ

- 1 Powder Cocaine
- 2 Crack Cocaine
- 3 Heroin
- 4 Hallucinogens
- 5 MDMA/Ecstasy
- 7 Don't Know/Not Sure
- 9 Refused

MA39.4. Now I want to ask you about use of sedatives or tranquilizers that may or may not have been prescribed for you by your doctor or other health professional. Have you ever used sedatives or tranquilizers that were not prescribed to you, or used more than the recommended amount of these drugs when they were prescribed for you?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Pre-MA39.5:

If MA39.1 = (2,7,9) AND MA39.2 = (2,7,9) AND MA39.4 = (2,7,9) then GO TO MA39.9.

Else ask MA39.5 for each drug that respondent said yes to in MA39.1, MA39.3 or MA39.4.

MA39.5. How old were you the first time you used ...

		years old (97 or older = 97)	DK/NS	Refused
a.	Marijuana	___	98	99
b.	Powder Cocaine	___	98	99
c.	Crack Cocaine	___	98	99
d.	Heroin	___	98	99
e.	Hallucinogens	___	98	99
f.	MDMA/Ecstasy	___	98	99
g.	Tranquilizers/Sedatives	___	98	99

Ask MA39.6 for each drug that respondent said yes to in MA39.1, MA39.3, or MA39.4.

MA39.6. How long has it been since you last used ...

		w/i 30 days	w/i year	>1 yr	DK/NS	Ref
a.	Marijuana	1	2	3	7	9
b.	Powder Cocaine	1	2	3	7	9
c.	Crack Cocaine	1	2	3	7	9
d.	Heroin	1	2	3	7	9
e.	Hallucinogens	1	2	3	7	9
f.	MDMA/Ecstasy	1	2	3	7	9
g.	Tranquilizers/Sedatives	1	2	3	7	9

Ask MA39.7 for each drug where MA39.6a-g=1. If MA39.6a-g=[2,3,7,9 or skipped] for all drugs, GO TO pre-MA39.8.

MA39.7. During the past 30 days, on how many days did you use ...

		range(1-30)	DK/NS	Refused
a.	Marijuana	__ __	77	99
b.	Powder Cocaine	__ __	77	99
c.	Crack Cocaine	__ __	77	99
d.	Heroin	__ __	77	99
e.	Hallucinogens	__ __	77	99
f.	MDMA/Ecstasy	__ __ 77	99	
g.	Tranquilizers/Sedatives	__ __ 77	99	

pre-MA39.8: Ask MA39.8 for each drug that respondent responded yes to in MA39.1, MA39.3 or MA39.4.

MA39.8. Have you or anyone else ever thought that you might have a problem with ...

		yes	no	dk/ns	refused
a.	Marijuana	1	2	7	9
b.	Powder Cocaine	1	2	7	9
c.	Crack Cocaine	1	2	7	9
d.	Heroin	1	2	7	9
e.	Hallucinogens	1	2	7	9
f.	MDMA/Ecstasy	1 2	7	9	
g.	Tranquilizers/Sedatives	1 2	7	9	

MA39.9. Have you ever injected any drug in order to get high, even just once?

- 1 Yes
- 2 No **GO TO pre-MA39.11**
- 7 Don't Know/Not Sure **GO TO pre-MA39.11**
- 9 Refused **GO TO pre-MA39.11**

MA39.10. How long has it been since you last injected a drug to get high?

- 1 Within the past 30 days
- 2 Within the past year (30 days to 1 year)
- 3 Within the past 5 years (1 to 5 years ago)
- 4 5 or more years ago

- 7 Don't Know/Not Sure
9 Refused

pre-MA39.11:

[Recent drug users] If MA39.6a-g = (1,2) or MA39.10 = (1,2) then go to MA39.11.

**[Ever drug users] Else if MA39.6a-g = (3,7,9) or MA39.10 = (3,4,7,9) then go to Section 40:
Drug and alcohol treatment**

**[Non-drug users] Else if [MA39.1 = (2,7,9) AND MA39.2 = (2,7,9) AND MA39.4 = (2,7,9)
AND MA39.9=(2,7,9)] then go to Section 40: Drug and alcohol treatment**

The next set of questions are about things that might have happened as a result of using any of the drugs you may have used in the past 12 months. I won't be asking about which drug was responsible, only if it happened.

MA39.11. [Recent drug user] During the past 12 months, was there a time when ...

	yes	no	dk/ns	ref
a. You spent a lot of time getting over the effects of the drug?	1	2	7	9
b. You used the drug more often or in larger quantities than you intended to?	1	2	7	9
c. Using the same amount of the drug had less effect than before, or it took longer to feel the effect?	1	2	7	9
d. Your use of the drug often kept you from working, going to school, caring for children, or taking part in recreational activities?	1	2	7	9
e. Your use of drugs caused you to feel depressed, suspicious of people, paranoid, or to have strange ideas?	1	2	7	9
f. Your use of drugs caused you to have any physical problems?	2	7	9	
g. You wanted to stop using, or cut down on drugs, but found that you couldn't?	2	7	9	
h. You made rules about where, when, or how much you would use the drug, and then broke the rules more than once?	1	2	7	9
i. Did you have symptoms such as anxiety, vomiting, or trouble sleeping as the effect of the drug was wearing off?	2	7	9	

MA40.3. For how long (if MA40.2=1 then read “**have you been attending**”; else if MA40.2=2-9 then read “**did you attend**”) these meetings?

- 1 ___ (number of days)
- 2 ___ (number of weeks)
- 3 ___ (number of months)
- 4 ___ (number of years)
- 7 7 7 Don’t Know/Not Sure
- 9 9 9 Refused

MA40.4. About how many self-help meetings have you ever attended in your entire life? Would you say...

PLEASE READ

- 1 10 or fewer
- 2 More than 10 but fewer than 100
- 3 100 or more
- 7 Don’t Know/Not Sure
- 9 refused

MA40.5. Have you ever taken a class for an offense of driving while under the influence of alcohol or drugs?

- 1 Yes
- 2 No **Go to MA40.7**
- 7 Don’t Know/Not Sure **Go to MA40.7**
- 9 Refused **Go to MA40.7**

MA40.6. How long ago did you take a class?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)

- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA40.7. Now I will ask about professional help, not including self-help groups or educational classes. Have you ever received professional treatment or counseling for your use of alcohol or any drug?

- 1 Yes
- 2 No **Go to pre-MA40.15**
- 7 Don't Know/Not Sure **Go to pre-MA40.15**
- 9 Refused **Go to pre-MA40.15**

MA40.8. How many times in your life have you been in treatment or counseling?

- ___ # times
- 7 7 Don't Know/Not Sure
- 9 9 Refused

MA40.9. How long ago were you (if MA40.8>1 then read '**last**') in treatment or counseling?

- 1 Within past 30 days
- 2 Within past 12 months (1-12 months ago)
- 3 Within the past 2 years (1-2 years ago)
- 4 Within the past 5 years (2-5 years ago)
- 5 5 or more years ago
- 7 Don't Know/Not Sure
- 9 Refused

MA40.10. Which of the following was the main place you received treatment or counseling (if MA40.8>1 then read '**the last time**')?

(please read)

- 1 Hospital Emergency Room

- 2 Hospital as an Inpatient
- 3 Detox Facility
- 4 Residential drug or alcohol rehabilitation facility
- 5 Outpatient drug or alcohol rehabilitation facility
- 6 Outpatient mental health facility
- 8 Private therapist or doctor's office
- 10 Some other place/facility (**specify**) _____
- 77 Don't Know/Not Sure
- 99 Refused

MA40.11. How did your (if MA40.8>1 then read "last") treatment or counseling end? Would you say you...

(please read)

- 1 Successfully completed treatment **Go to MA40.13**
- 2 Left treatment before completing it **Go to MA40.12**
- 3 Still in treatment now **Go to MA40.13**

(don't read)

- 7 Don't Know/Not Sure **Go to MA40.14**
- 9 Refused **Go to MA40.14**

MA40.12. What was the reason you did not complete treatment? Did you leave because...?

(please read)

- 1 You had a problem with the program?
- 2 You could not afford to continue treatment?
- 3 Your family needed you
- 4 You began using alcohol or drugs again
- 5 Staff discharged you
- 6 some other reason: (**specify**) _____

(don't read these responses)

- 7 Don't Know/Not Sure
- 9 Refused

MA40.13. [If MA40.8=1:] How long [if MA40.11=(1,2) then read "did you stay"; else if MA40.11=3 then read "have you been"] in treatment?

[If MA40.8>1:] How long [if MA40.11=(1,2) then read “**did you stay in treatment the last time**”; else if MA40.11=3 then read “**have you been in treatment this time**”]?

- 1 ___ # days
- 2 ___ # weeks
- 3 ___ # months
- 4 ___ # years
- 7 7 7 Don't Know/Not Sure
- 9 9 9 Refused

MA40.14. Which one of the following sources paid the majority of the cost of your (if MA40.8>1 then read “**last**”) treatment?

PLEASE READ

- 1 Private health insurance
- 2 Medicare
- 3 Medicaid
- 4 Family members
- 5 The Courts
- 6 Military health care
- 8 Employer
- 10 Other public assistance program
- 11 Your own savings or earnings
- 12 Some other source: (**specify** _____)
- 77 Don't Know/Not Sure
- 99 Refused

don't read

pre: MA40.15:

[Recent drug user] If MA39.6a-g = (1,2) OR MA39.10 = (1,2) then Go to MA40.15.

Else go to pre-MA40.16.

MA40.15. [Recent drug user] During the past 12 months, did you need treatment or counseling for your use of drugs but did not receive it?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

pre-MA40.16:

[Recent Problem Drinker]

If [Q11.2=2 AND Q11.1 =(107,230)] OR [Q11.2=3 AND Q11.1 =(105-107,220-230)] OR [Q11.2=4 AND Q11.1 =(104-107,215-230)] OR Q11.2=(5-76) OR Q11.3=(4-76) OR [Q11.1=(101-230) AND MA38.7=1] then continue.

Else if [MA38.1 = 1 AND MA38.3=2 AND MA38.2 =(107,230)] OR [MA38.1 = 1 AND MA38.3=3 AND MA38.2 =(105-107,220-230)] OR [MA38.1 = 1 AND MA38.3=4 AND MA38.2 =(104-107,215-230)] OR [MA38.1 = 1 AND MA38.3=(5-76)] then continue.

Else if [MA38.5=1 AND MA38.6 = (1,2,3)] OR [MA38.1=1 AND MA38.7 = 1] OR [MA38.9=(1,2)] then continue.

[Not Recent Problem Drinker] Else go to Section 41: Follow-up

MA40.16. [Recent problem drinker] During the past 12 months, did you need treatment or counseling for your use of alcohol but did not receive it?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Section 41: State-Added: Permission for Follow-up Survey

[Splits 1,2,3]

MA41.1 Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

